

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1011

Registrar's No. 1011

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8560 Riverview Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 81 yrs. 6 mos. 5 das (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Katie Delargy

3. (b) If veteran, name war..... no 3. (c) Social Security. No. none

4. Sex..... female 5. Color or race..... white 6. (a) Single, widowed, married, divorced..... single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... July 24, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 5 hr. min.

9. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... nil

11. Industry or business.....

MOTHER FATHER { 12. Name..... James Delargy
13. Birthplace..... unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name..... Margaret McKeavor
15. Birthplace..... unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Nolan
(b) Address..... 2506 N. 22d St.

17. (a) burial (b) Date thereof..... Feb. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Normandy, Mo.

18. (a) Signature of funeral director..... Goodhart & Goodhart
(b) Address..... 2228 St. Louis Ave

19. (a) JAN 31 1941 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 8560 Riverview Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan day..... 23
year..... 1941 hour..... 11 minute..... 20 A. M.

21. I hereby certify that I attended the deceased from..... Jan 23
..... 1941 to..... Jan 27 1941
that I last saw him alive on..... Jan 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bleeding from ruptured cerebral aneurysm, Josephine
Due to..... Endocarditis, chronic, Atherosclerosis
Due to.....

Other conditions..... Diabetes & old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... Wm. A. Knight (M. D. or other)
Address..... 8201 N. Broadway Date signed..... 1/30/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Charles J. Goodhart

Licensed Embalmer No.

2777

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.